STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH BUREAU OF REGULATORY SERVICES

Re: Patricia Lopa, R.N.

Petition No. 2001-0411-010-020

License No.: R56598

VOLUNTARY SURRENDER

Patricia Lopa, being duly sworn, deposes and says:

- 1. I am over the age of majority and understand the obligations of an oath.
- 2. I make this affidavit on the basis of personal knowledge.
- 3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice registered nursing. I presently hold license number R56598.
- 4. I hereby voluntarily surrender my license to practice registered nursing in the State of Connecticut.
- 5. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2001-0411-010-020 shall be deemed true. I further understand that any such application must be made to the Connecticut State Board of Examiners for Nursing (hereinafter "the Board") and the Department, and that the Board shall be a signatory to any order reinstating my license or granting me a new license.
- 6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
- 7. I understand and agree that this affidavit and the case file in Petition Number 2001-0411-010-020 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
- 8. I understand that this surrender of my license is a reportable event and is public information.
- 9. I understand that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 2001-0411-010-020.

10. I understand that I have the right to consult with an attorney prior to signing this affidavit.

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